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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 46620.830001.US3	
		First Inventor Jeffrey J. Thramann et al.	
		Title CERVICAL PLATE	
		Express Mail Label No. EV269463051US	



APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning design patent application contents.</small> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 30] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to the Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [Total Sheets 8] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 26582		<input type="checkbox"/> Correspondence address below	
Name Brian P. Kinnear					
Holland & Hart					
Address 555 17 th Street, Suite 3200					
City Denver		State Colorado		Zip Code 80202	
Country USA		Telephone 303-295-8170		Fax 303-295-8000	
Name (Print/Type) Brian P. Kinnear		Registration No. (Attorney/Agent) 43,717			
Signature 		Date August 1, 2003			

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FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision

☒ Applicant claims small entity status. See 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT (\$ 846.00)

Complete if Known

Application Number
Filing Date
First Named Inventor
Examiner Name
Group Art Unit
Attorney Docket No.

Herewith
Jeffrey J. Thramann et al.
not yet assigned
not yet assigned
46620.830001.US3

METHOD OF PAYMENT

☒ Check ☐ Credit card ☐ Money Order ☐ None

☒ Deposit Account

Deposit Account Number
08-2623

Deposit Account Name

The Commissioner is authorized to: (Check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above identified account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1450	2254	725	Extension for reply within fourth month	
1255	1970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1300	2453	650	Petition to revive - unintentional	
1501	1300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	375.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 375.00)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	49 - 20** = 29	9.00	261.00
Independent Claims	8 - 3** = 5	42.200	210.00
Multiple Dependent			0.00

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 471.00)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type) Brian Kinney
Signature
Registration No. (Attorney/Agent) 43,717
Telephone 303-295-8170
Date August 1, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorize on PTO-2038.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Jeffrey J. Thramann, M.D.

Serial No.

Filed: HEREWITH

For: CERVICAL PLATE

Examiner:

Art Unit:

CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop: PATENT APPLICATION

Commissioner for Patents

Alexandria, VA 22313-1450

Sir:

The undersigned hereby certifies that the enclosed

1. Utility Patent Application Transmittal;
2. Specification, Claims and Abstract;
3. 8 Sheets of Drawings;
4. Fee Transmittal for FY 2003;
5. Check in the Amount of \$846.00;
6. Certificate of Mailing by Express Mail; and
7. Return Card,

relating to the above application, were deposited as "Express Mail," Mailing Label No. EV269463051US with the United States Postal Service, addressed to Commissioner for Patents, Mail Stop: PATENT APPLICATION, P.O. Box 1450, Alexandria, VA 22313, on this August 1, 2003.

August 1, 2003

Mailer

August 1, 2003

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